

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DISPENSER FOR FOLDED ABSORBENT SHEET PRODUCTS
Attorney Docket Number::	1517-1032
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED STATES OF AMERICA  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name:: C.  
Family Name:: HOCHTRITT  
City of Residence:: NEENAH  
State or Province of Residence:: WISCONSIN  
Country of Residence:: UNITED STATES OF AMERICA  
Street of Mailing 1867 EAGLE DRIVE  
Address::  
City of Mailing Address:: NEENAH  
State or Province of Mailing Address:: WISCONSIN  
Country of Mailing Address:: UNITED STATES OF AMERICA  
Postal or Zip Code of Mailing Address:: 54956

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED STATES OF AMERICA  
Status:: Full Capacity  
Given Name:: ANDREW  
Middle Name:: M.  
Family Name:: CONGER  
City of Residence:: NEENAH  
State or Province of Residence:: WISCONSIN  
Country of Residence:: UNITED STATES OF AMERICA  
Street of Mailing 2975 FAIRWINDS DRIVE  
Address::  
City of Mailing Address:: NEENAH  
State or Province of Mailing Address:: WISCONSIN  
Country of Mailing Address:: UNITED STATES OF AMERICA

Postal or Zip Code of Mailing Address:: 54956

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::